

APPLICATION FOR HISTORIC RIGHT OF WAY EASEMENT FOR UTILITIES
UPON STATE TRUST LANDS

(Non-Refundable Application Fee -- \$50.00)

NOTE: Pursuant to '77-1-130, Department review of historic easement requests may continue through October 1, 2011.

To the State Board of Land Commissioners
j Montana Department of Natural Resources and Conservation

Application for a non-exclusive easement is hereby made under the provisions of Title 77, Chapter 1, Section 131 of the Montana Code Annotated, by

_____ of _____
_____ for a historic right of way located upon the following described state section(s):

Section _____, Township _____, Range _____, County of _____

(Please mark each quarter quarter that the facility passes through on state land)

NW3NW3 _____	NW3NE3 _____	NW3SW3 _____	NW3SE3 _____
NE3NW3 _____	NE3NE3 _____	NE3SW3 _____	NE3SE3 _____
SW3NW3 _____	SW3NE3 _____	SW3SW3 _____	SW3SE3 _____
SE3NW3 _____	SE3NE3 _____	SE3SW3 _____	SE3SE3 _____

Government Lot(s) _____

R/W Width: _____ X R/W Length: _____) 43560 = _____ acres

Please complete the following:

Electric/Telephone Facilities

Type and method of construction of line: (check all that apply)

GTransmission GDistribution GFiber Optic GOverhead GBuried

If electric facility, please provide voltage of line: _____

Reason/purpose for facility installation prior to 1997: _____

If applicable, please provide the commonly known name of the line or exchange service area: _____

Pipeline Facilities

Commodity carried through pipeline: (check all that apply)

GCrude Oil GNatural Gas GWater GOther - Explain: _____

Please provide the diameter of the pipeline used: _____

Reason/purpose for facility installation prior to 1997: _____

Irrigation Facilities Operated by a User's Association or Canal Company

Please provide the names of users and the water right(s) number(s) associated with the ditch/canal:

(May attach separate piece of paper with names and water right numbers)

Documents attached as evidence of the existence of the facility prior to 1997: (check all that apply)

GDated Aerial Photograph

GQuadrangle Map

GGPS Survey

GStaking Sheets

GOther – Explain: _____

Name of Applicant _____

Signature of Authorized Signatory

Title

Address

AFFIDAVIT

As authorized signatory for the above, I hereby certify the following:

THAT applicant or its predecessors in interest have used the right of way applied for before 1997 and that the use has continued to the present:

THAT applicant has described above the purpose for which the right of way was used before 1997; and

THAT applicant has provided evidence demonstrating that the historic right of way applied for is the right of way depicted thereon.

Dated this _____ day of _____, 20____.

STATE OF _____)

$$): \mathbb{S}\mathbb{S}$$

County of _____)

On this _____ day of _____, in the year 20____, before me, a Notary Public for the State of _____, personally appeared

Known to me to be the person(s) whose name(s) (is) (are) subscribed to the within instrument and acknowledged to me that (he) (she) (they) executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year in this certificate above written.

Notary Public for the State of _____
Residing at: _____

My Commission Expires: _____